Combined Declaration For Patent Application and Power of Attorney							ATTORNEY DOCKET 87009RLW				
As below named inventor, I hereby of My residence, post office address and citizensh I believe I am the original, first and sole invebelow) of the subject matter which is claimed a	declare ip are a	that: s stated below next	t to m	y name, d below) or an original, firs	at and joint	inventor			e listed		
TOOTH LOCATING WITH	IN D	ENTAL IM	AG	ES							
The specification of which (check only one iter	m belov	v):									
X is attached hereto.											
was filed as United States Application Serial No. on and											
was amended on (if applicable). was filed as PCT international application Number on and was amended on (if applicable).											
I hereby state that I have reviewed and unders						aims, as	amended by	any ame	endment		
referred to above. I acknowledge the duty to disclose to the U.S											
27 C. J. of C. donal Domilations \$1.56											
I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below certificate, or (365 (a) of any PCT international application(s) which designates at least one country other than the United States of America, listed below certificate, or (365 (a) of any PCT international application(s) designating a least											
and have also identified below any foreign applications(s) for patent or inventor's certificate or any PCT international application(s) designating a least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which											
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PRIOR FOREIGN/PCT APPLICATION(S			CLA	DATE OF FILING			PRIORITY CLAIMED U	NDER 35 USC	§119		
COUNTRY (II PCT, indicate PCT)	APP	LICATION NUMBER	_	(month/dayyear)			YES		NO		
							YES		NO		
							YES		NO		
I hereby claim the benefit under Title 35, Uni						(s) listed	below:				
PROVISIONAL APPLICATION NUMB	ER		1=		FILING DATE (m	onth/day/year)					
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I hereby claim the benefit under Title 35, Un the United States of America that is/are liste prior applications(s) in the manner provided Office all information known to me to be between the filing date of the prior application.	d below by the materia on(s) an	of and, filsolar as the first paragraph of a to patentability and the national or P	Title is def CT in	35, §112, I acknowledge the ined in Title 37, Code of F iternational filing date of this	eduty to o ederal Reg applicatio	lisclose tulations	o the U.S. P. §1.56, which	atent & h becam	Trademark		
PRIOR US APPLICATIONS OR PCT IN 35USC§120:	ITERN	ATIONAL APPL	CAT	IONS DESIGNATING TH	E U.S FO	H BENE	FII UNDER	۱ 	·		
U.S. APPLICATIONS					STATUS (Check one)						
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Con	nbined Deck	aration For Patent Application		ATTORNEY DOCKET 87009RLW				
PO age	WER O	FATTORNEY: As a n	amed i	inventor, I hereby appoint Company <u>Customer No</u> in the Patent and Tradem). UI3	attorney(s) and/or 33 to prosecute		
					l Di	rect Telephone Calls to:		
Patent Legal Staff Eastman Kodak C 343 State Street Rochester, NY 14				Company	R (:	obert Luke Walker 585) 588-2739 AX: (585) 477-1148		
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME Jiebo	SE	COND GIVEN NAME		
	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY New York 14534 USA	C	DUNTRY OF CITIZENSHIP eople's Republic of China		
1	BUSINESS ADDRESS	Pittsford BUSINESS ADDRESS Eastman Kodak Company	,	CITY 343 State, Street Rochester	S	STATE & ZIP CODE (COUNTRY) New York 14650-2201		
-	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	si F	ECOND GIVEN NAME		
2		Bolin city		Mark STATE OR FOREIGN COUNTRY	c	OUNTRY OF CITIZENSHIP		
0	RESIDENCE & CITIZENSHIP	Fairport BUSINESS ADDRESS		New York 14450	s	JSA TATE & ZIP CODE (COUNTRY)		
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2	FULL NAME OF INVENTOR	FAMILY NAME						
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	1	OUNTRY OF CITIZENSHIP		
3	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	S	TATE & ZIP CODE (COUNTRY)		
	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME	8	SECOND GIVEN NAME		
2	RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
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4	BUSINESS ADDRESS			FIRST OWEN MANE		SECOND GIVEN NAME		
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME				
	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY		COUNTRY OF CITIZENSHIP		
5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY		STATE & ZIP CODE (COUNTRY)		
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	IGNATURE OF I		SIGNATUR	RE OF INVENTOR 202	SIGNA	TURE OF INVENTOR 203		
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P	ATE	12/9/2003	DATE	1 1	DATE			
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